08-08-06

the Paperwork Reduction Act of 1995, no persons are required to resp

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

	PTO/SB/21 (09-04) for use through 07/31/2006. OMB 0651-0031	
	Office; U.S. DEPARTMENT OF COMMERCE unless it displays a valid OMB control number.	
Application Number	10/771242-Conf. #9212	
Filing Date	February 2, 2004	
First Named Inventor	Daniella I. ZHELEVA	
Art Unit	1654	
Examiner Name	Chism, Billy D.	
Attorney Docket Number	CCI-014CP2	

ENCLOSURES (Check all that apply)									
X Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC							
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences							
X Amendment/Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)							
After Final	Petition to Convert to a Provisional Application	Proprietary Information							
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter							
x Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please Identify below):							
Express Abandonment Request	Request for Refund	Return Receipt Postcard							
Information Disclosure Stateme	ct CD, Number of CD(s)								
Certified Copy of Priority Document(s)	Landscape Table on CD	Landscape Table on CD							
Reply to Missing Parts/ Incomplete Application	Remarks	And the state of t							
Reply to Missing Parts un 37 CFR 1.52 or 1.53	ler								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name LAHIVE & COC	KFIELD, LLP								
Signature									
Printed name Cynthia M. Soro	os								
Date August 7, 2006	Reg. N	o. 53,623							

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Office the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL FIND DATE TO THE CONSIDERATION TO PAYMENT (\$) 5 10.00 Antomey Docket No. CCH-014CP2 METHOD OF PAYMENT (\$) 5 10.00 Antomey Docket No. CCH-014CP2 METHOD OF PAYMENT (\$) 5 10.00 Antomey Docket No. CCH-014CP2 METHOD OF PAYMENT (\$) 5 10.00 Antomey Docket No. CCH-014CP2 METHOD OF PAYMENT (Check all that apply) Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayment of Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayment of Charge fee(s) indicated below, except for the filling fee Charge fee(s) medicated below Charge fee(s) indicated below, except for the filling fee Charge fee(s) medicated below Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filli	Effective on 12/09/2004				Complete if Known					
FIGURE FOR FY 2005 First Named Inventor Daniella I. ZHELEVA Examiner Name Chism, Billy 0. At Unit 1654 TOTAL AMOUNT OF PAYMENT (\$) 510.00 Attorney Docket No. CCI-014CP2	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			18). [Application Number 10/771242-Conf. #9212					
For FY 2005 First Name Inventor Daniella I. ZHELEVA	FFF TRANSMITTAL				Filing Date February 2, 2)04		
Application Type Fee (s) Fee (First Named Inv	entor	Daniella I. ZHELEVA			
METHOD OF PAYMENT (check all that apply)	FOLE	1 200) <u> </u>		Examiner Name		Chism, Billy D	•		
Check Credit Card Money Order None Other (please identify):	X Applicant claims small entity status. See 37 CFR 1.27				7-VL O/IIC					
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number 12-0080 Deposit Account Number 12-0080 Deposit Account Number 12-0080 Deposit Account Number Lahive & Cockfield, LLP	TOTAL AMOUNT OF PAYM	ENT	(\$) 510.00		Attorney Docket No. CCI-014CP2					
X Deposit Account Deposit Account Number: 12-0080 Deposit Account Number: Lahive & Cockfield, LLP	METHOD OF PAYMENT	(check al	that apply)							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X C	x Deposit Account Deposit	Account Nu	mber: 12-0080 Depos	it Acco	unt Name:	La	hive & Cockfiel	d, LLP	[
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 x Credit any overpayments x Credit	For the above-identific	ed deposi	t account, the Direct	or is	hereby authorize	d to: (ch	eck all that apply)			
Fee Sunder 37 CFR 1.16 and 1.17	x Charge fee(s) ir	ndicated b	elow		Charge	fee(s) ir	ndicated below, ex	xcept for th	ne filing fee	
Page				t of	x Credit a	any over	payments			
Application Type		OI IV I.I.	o and 1.17				·			
Fill Fee (\$) Small Entity Fee (\$) Fe		AND EXA	MINATION FEES							
Application Type	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			SEA	RCH FEES	EXAMI	NATION FEES			
Utility		E (A)		- (0)		Eng (\$)		Food 5	ooid (\$)	
Design 200 100 100 50 130 65							· · · · · · · · · · · · · · · · · · ·	rees r	raid (\$)	
Plant			-							
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 2. EXCESS CLAIM FEES	-									
Provisional 200 100 0 0 0 0 0 0 0										
EXCESS CLAIM FEES Each claim over 20 (including Reissues) Each claim over 20 (including Reissues) Each claim over 30 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 29										
Fee Obscription Each claim over 20 (including Reissues) Each lindependent claim over 3 (including Reissues) Each independent claims Total Sheets Total She		200	100	O	0	0	Ü			
Each claim over 20 (including Reissues) Each independent claims Total Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims A - 8 =										
Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) A -8 =		a Daigana)							
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Indep. Claims 4										
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 4	•	J (Illerud	ing iceissues)							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	• •	aime	E00 (\$) F	oo P	aid (\$)		Aultinle Denende		.00	
Indep. Claims			=		αια (ψ)	_	_		a	
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets	23 - 99 =	^				-	<u> </u>	00.000	1	
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets				ee P	aid (\$)		 _			
- 100 = /50 (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2253 Extension for response within third month 510.00 SUBMITTED BY Registration No. (Attorney/Agent) 53,623 Telephone (617) 227-7400	3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2253 Extension for response within third month 510.00 SUBMITTED BY Signature Registration No. (Attorney/Agent) 53,623 Telephone (617) 227-7400	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
Other (e.g., late filing surcharge): 2253 Extension for response within third month 510.00 SUBMITTED BY Signature Registration No. (Attorney/Agent) 53,623 Telephone (617) 227-7400	4. OTHER FEE(S) Fees Paid (\$)									
Signature Registration No. (Attorney/Agent) 53,623 Telephone (617) 227-7400	- '									
Signature (Attorney/Agent) 53,625 Telephone (617) 227-7400										
Name (Print/Type) Cynthia M. Soroos Date August 7, 2006	Signature LW	Thua	MU			53,623	Telephone	(617) 22	7-7400	
	7, 2006									